

PART B - FEE(S) TRANSMITTAL

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7590 05/20/2003

HUNTON & WILLIAMS
ATTN: ROBERT SCHULMAN
1900 K STREET, N.W.
WASHINGTON, DC 20006



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/895,211	07/02/2001	Laurent Emorine	58769.000011	8548

TITLE OF INVENTION: INTRON/EXON STRUCTURE OF THE HUMAN AND MOUSE BETA3-ADRENERGIC RECEPTOR GENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	08/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ULM, JOHN D	1646	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 HUNTON & WILLIAMS, LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.

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The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0206 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

David H. Milligan, Reg. # 42,893 08/20/03

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01 FC:1501

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